| | | | | | | | | Application or Docket Number | | | | | |
|---|---|---|---------------|-------------------|---------------------------------|------------------|------------|------------------------------|------------------------|--------------|----------------------------|------------------------|--|
| | PATENT A | PPLICATIO Effecti | 12/120101USA | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | 18 | | | | | RATE | FEE |] [| RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBI | MBER EXTRA | | BASIC FI | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | // minus 20= | | · 0 | | | X\$ 9= | : | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | * 9- | | | X40= | | OR | X80= | | |
| MUI | TIPLE DEPEN | DENT CLAIM PI | RESENT | | | | | +135= | | OR | +270= | | |
| * If | the difference | in column 1 is | less than zer | r "0" in c | olumn 2 | | TOTAL | | OR | TOTAL | 1/n | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | , | | 」 ⁻'' | OTHER | THAN | |
| (Column 1) (Column 2) (Column 3) | | | | | | |) . | SMAL | L ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| MON | Total | . 19 | Minus | ** Z | Ŏ | = | | X\$ 9= | | OR | X\$18= | | |
| ME | Independent | . 2 | Minus | *** | 3 | | | X40= | | OR | X80= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | J | +135= | | OR | +270= | | | |
| | | | | | | | | TOTA | | ٦, | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ADDIT. F | EE L | JOR | ADDIT. FEE | | |
| - | | (Column 1) CLAIMS | | HIG | HEST | (Column 3 | ή . | | ADDI- | 7 | | ADDI- | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREV | MBER TOUSLY D FOR | PRESENT EXTRA | | RATE | | | RATE | TIONAL | |
| | Total | * | Minus | ** | | = | 4 | X\$ 9= | = | OR | X\$18= | | |
| AME | Independent | * | Minus | *** | IT OL AIR | = | 4 | X40= | : | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | = | OR | +270= | | |
| | | | | | | | | TOT ADDIT. F | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | (Coli | umn 2) | (Column 3 | 3)_ | , | | - | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NU PREV | HEST MBER NOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| ME | Independent | * | Minus | *** | | = | | X40= | | OR | V00 | 1 | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | 1 | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | TOTAL | | |
| ** | ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |